

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044824

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

251

Primary Registration District No.

3048

Registrar's No.

239

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED DEC 2 1963

## 1. PLACE OF DEATH

a. COUNTY

Nodaway

b. CITY (If outside corporate limits, give TOWNSHIP only)

Maryville

Length of stay in 1b-

2 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

704 South Mulberry

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Nodaway

c. CITY

OR

Maryville

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

704 South Mulberry

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

GEORGE

Middle

FRANCIS

Last

GORMAN

## 4. DATE

OF DEATH

Month

11

Day

21

Year

63

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6/11/95

## 9. AGE (last birthday)

68

## IF UNDER 1 YEAR

Months

## IF UNDER 24 HR

Days

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer - retired

## 10b. KIND OF BUSINESS OR INDUSTRY

Own account

## 11. BIRTHPLACE (City and state or country)

Maryville, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Patrick Gorman

## 13b. MOTHER'S MAIDEN NAME

Anna Dempsey

## 14. NAME OF HUSBAND OR WIFE

Pauline Flanary Gorman

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Pauline Gorman, Maryville, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Carcinomatosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Primary Ca. in liver, spleen &amp; lymphatic tissue approx 4 yrs.

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

## 20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Sept 30, 1963

to

11/21/63

and last saw him alive on

Nov 20, 1963

## Death occurred at

12:50

A.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M. D.

## 22b. ADDRESS

Maryville, Missouri

## 22c. DATE SIGNED

11/27/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

## 23b. DATE

11/23/63

## 23c. NAME OF CEMETERY OR CREMATORY

St. Patrick's

## 23d. LOCATION (City, town, or county)

Maryville, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Price Funeral Home, Maryville, Mo

## 25. DATE RECD. BY LOCAL REG.

11-27-63

## 26. REGISTRAR'S SIGNATURE

Beas Bolt

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

1 0745

2 0745

3

4 0

5 1

6

7 0

8 2

9 1992

10

11

12 90-0

13 1-0

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

100110-000

DEC 4 1968

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *J. J. Merriek*

Licensed Embalmer No. 5188  
P. O. Address Marionville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.